

**AUTHORIZATION TO RELEASE CRIMINAL BACKGROUND/
CLEARANCE INFORMATION [VALID FOR THIRTY(30) DAYS]**

TO: COMMUNITY CARE LICENSING DISTRICT OFFICE

I, _____, authorize Community Care Licensing
(PRINT NAME)
to release criminal record clearance status information from the LIS 110-A file to

(PRINT NAME OF EMPLOYMENT AGENCY)

I understand that this information may indicate that I have a clearance or exemption, or do not have a clearance, as a result of fingerprint submissions to the California Department of Justice, the Federal Bureau of Investigation and the California Child Abuse Central Index. *This authorization will expire thirty(30) days after the date that I have written next to my signature.*

SIGNATURE OF INDIVIDUAL

DATE OF SIGNATURE

DATE OF BIRTH(REQUIRED)

SOCIAL SECURITY NUMBER

10 DIGIT ID NUMBER IF KNOWN

EMPLOYMENT AGENCY:

Mail the original of this form to the local Community Care Licensing District Office with the Request For Criminal Background/Clearance Information form #LIC 9197 and a self-addressed stamped envelope.